

**IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF _____**

In the Matter of the Petition of

Petitioner(s)

**PARENTAL CONSENT TO ADOPTION OF INDIAN CHILD
(In or out of California)**

NAME OF CHILD'S TRIBE

ROLL NUMBER OR OTHER EVIDENCE OF TRIBAL AFFILIATION

I/We, _____, being the parent(s) of _____
Name Name of Child

(Gender: M F), born on _____ in _____,
Date of Birth Place of Birth

give my/our full and free consent to the adoption of said child by _____.
Name(s) of Petitioner(s)

I/we understand that with the signing of this document I/we give up all my/our rights of custody, services, and earnings of said child and the consent will be binding with the signing of the decree of adoption unless I/we withdraw the consent before the decree of adoption is signed.

Signed in the presence of:

SIGNATURE OF REPRESENTATIVE: CDSS or Delegated County Adoption Agency
CDSS DISTRICT OFFICE OR COUNTY OFFICE
ADDRESS
TELEPHONE NUMBER

DATE
SIGNATURE OF MOTHER
SIGNATURE OF FATHER
FULL ADDRESS

Signed in the presence of (if signed outside of California)

SIGNATURE OF AUTHORIZED AGENCY REPRESENTATIVE - OUTSIDE CALIFORNIA
STATE
COUNTY

CERTIFICATION

The terms and consequences of the voluntary signing of the consent, including the right to withdraw the consent prior to the signing of the decree of adoption, were fully explained to the parent(s) of this Indian child by the agency representative whose signature is affixed above, in my presence, and in a language understood by the parent(s).

DATE	SIGNATURE OF JUDGE	NAME OF COURT OF JURISDICTION
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